



Enter your transmittal number

X270651

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://mass.gov/dep/service/online/trasmfrm.shtml>

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. Copy 2 must accompany your fee payment. Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

MassDEP
P.O. Box 4062
Boston, MA
02211

* Note:
For BWSC Permits,
enter the LSP.

A. Permit Information

BRP WM 07

1. Permit Code: 7 or 8 character code from permit instructions

NPDES Permit renewal

3. Type of Project or Activity

Non-Industrial WWTF, Modification or Renewal

2. Name of Permit Category

B. Applicant Information – Firm or Individual

Massachusetts Maritime Academy

1. Name of Firm - Or, if party needing this approval is an individual enter name below:

2. Last Name of Individual

101 Academy Drive

5. Street Address

Buzzards Bay

6. City/Town

Kathleen Driscoll

11. Contact Person

3. First Name of Individual

MA

7. State

02532

8. Zip Code

508-830-5000

9. Telephone #

4. MI

10. Ext. #

kdriscoll@maritime.edu

12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Massachusetts Maritime Academy

1. Name of Facility, Site Or Individual

101 Academy Drive

2. Street Address

Buzzards Bay

3. City/Town

MA

4. State

02532

5. Zip Code

508-830-5000

6. Telephone #

7. Ext. #

8. DEP Facility Number (if Known)

MA0024368

9. Federal I.D. Number (if Known)

10. BWSC Tracking # (if Known)

D. Application Prepared by (if different from Section B)*

1. Name of Firm Or Individual

2. Address

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

8. Contact Person

9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. Is this project subject to MEPA review? ☐ yes ☒ no
If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due

Special Provisions:

1. ☐ Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).
There are no fee exemptions for BWSC permits, regardless of applicant status.
2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
3. ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
4. ☐ Homeowner (according to 310 CMR 4.02).

DEP Use Only

Permit No:

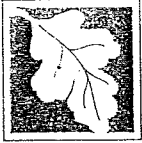
Rec'd Date:

Reviewer:

Check Number

985.00
Dollar Amount

Date

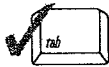


Massachusetts Department of Environmental Protection
Bureau of Water Resources – Surface Water Discharge (NPDES) Permitting Program
BWP IW 16, 18, 26, 27, 35, 36, 37
BRP WM 05, 06, 07
Surface Water Discharge Permit Application

To be filed by all persons required to obtain a permit to discharge Industrial or Non-Industrial Wastewater to waters of the Commonwealth.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Name, address, and telephone number of facility producing the discharge:

MA Maritime Academy

Name

101 Academy Drive

Street address

Buzzards Bay

City

508-830-5000

Telephone number (including extension)

MA

State

02532

Zip Code

t

E-mail address (optional)

Billing address (if different):

Street/PO Box

City

State

Zip Code

Discharge Site:

MA Maritime Academy

Facility Name

101 Academy Drive

Street address

Buzzards Bay

City

MA

State

02532

Zip Code

Ownership: ☐ Individual ☐ Corporation ☐ Partnership ☒ Other (specify):

State University

Status: ☐ Private ☒ Public ☐ Other (specify):

2. Contact Person:

Give the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility, with the facts reported in this application, and can be contacted by the Surface Water Discharge (NPDES) Program if necessary.

Daniel Freitas

Name

508-830-5000 x1608

Telephone Number (including extension)

Chief Operator

Title

DEP Use Only
Application #
Date Received



Massachusetts Department of Environmental Protection
Bureau of Water Resources – Surface Water Discharge (NPDES) Permitting Program
BWP IW 16, 18, 26, 27, 35, 36, 37
BRP WM 05, 06, 07
Surface Water Discharge Permit Application

A. Facility Information (cont.)

3. Facility Status:

☒ Existing ☐ Proposed

4. Does the project affect a site of historic or archeological significance, as defined in regulations of the Massachusetts Historical Commission, 950 CMR 71.00?

☐ Yes ☒ No

5. Does this project require a filing under 301 CRM 11.00, the Massachusetts Environmental Policy Act (MEPA)?

☐ Yes ☒ No

If yes, has a filing been made?

☐ Yes ☐ No

6. Submit a copy of the required US EPA Forms to MassDEP:

The Forms are located at the following link: http://www.epa.gov/region1/npdes/epa_attach.html

B. Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Kathleen Driscoll

Printed name of applicant

Environmental, Health & Safety Officer

Title

Signature of applicant

12/31/15

Date Signed

Kathleen Driscoll

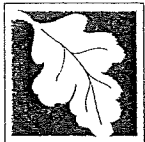
Name of Preparer

EHS Officer

Title

508-830-5235

Telephone Number (including extension)



Massachusetts Department of Environmental Protection
Bureau of Water Resources – Surface Water Discharge (NPDES) Permitting Program
BWP IW 16, 18, 26, 27, 35, 36, 37
BRP WM 05, 06, 07
Treatment Facility Rating Worksheet

This worksheet is used to guide the applicant in choosing the correct fees category, pursuant to 310 CMR 4.00. The system described here is the only method of determining categories for Type I and Type II facilities.

Rating System

"Unit Operations" is defined as any component of a process that could be utilized solely, or combined, to obtain a specific objective. They are listed in bold-faced type following the example. The rating system is based on the number of specified unit operations in a proposed wastewater treatment facility and the total number of points assigned to each unit operation.

Type I Facility - This is defined as any facility that has less than three unit operations listed in bold-faced type on the next page, **AND** has a rating of less than or equal to 20 points.

Type II Facility - This is defined as any facility that has three or more unit operations as listed in bold-faced type on the next page, **OR** has a rating of greater than 20 points.

Example:

Unit Operation	Points
Equalization	2
Neutralization (single)	3
Cyanide Destruction	5
Chrome Reduction	5

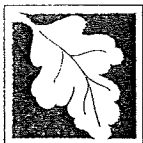
4 Unit Operations 15 points

Since this facility has four unit operations, it is considered a Type II facility, even though it has a rating of less than 20 points.

Unit Operations in Industrial Wastewater Treatment Systems

Refer to 257 CMR 2.00 for any other unit operations not listed here.

Please submit the following three pages with the application:



Massachusetts Department of Environmental Protection
Bureau of Water Resources – Surface Water Discharge (NPDES) Permitting Program

BWP IW 16, 18, 26, 27, 35, 36, 37

BRP WM 05, 06, 07

Treatment Facility Rating Worksheet

A. Facility Information

1. Name, address, and telephone number of facility producing the discharge:

MA Maritime Academy

Name

101 Academy Drive

Street address

Buzzards Bay MA

City

508-830-5000

Telephone number (including extension)

State

t

E-mail address (optional)

02532

Zip Code

B. Worksheet

UNIT OPERATION

RATING

SCORE

Absorption/Adsorption

Carbon

5

Ion Exchange

5

Biological Wastewater Treatment

Activated Sludge

6

Contact Beds (anaerobic)

5

RBC

5

Sand Filters

4

Trickling Filters

4

Chemical Precipitation (reaction vessel) Clarification

Primary

5

Secondary

5

Tertiary

5

Chrome Reduction

5

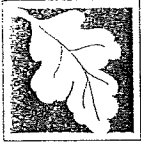
Cyanide Destruction

5

Disinfection

5

5



Massachusetts Department of Environmental Protection
Bureau of Water Resources – Surface Water Discharge (NPDES) Permitting Program
BWP IW 16, 18, 26, 27, 35, 36, 37
BRP WM 05, 06, 07
Treatment Facility Rating Worksheet

B. Worksheet (cont.)

UNIT OPERATION	RATING	SCORE
Electrolytic Recovery		
Electrodialysis	5	_____
Silver Recovery Unit	5	_____
Equalization	2	<u>2</u>
Evaporation		
Single	2	_____
Multiple	5	_____
Filtration/Sludge Dewatering		
Cartridge	3	<u>3</u>
Centrifuge	8	_____
Filter Press	8	_____
Membrane	5	_____
Reverse Osmosis	5	_____
Vacuum Filter	10	_____
Flocculation/Mixing/Coagulation	5	_____
Flotation	5	_____
Neutralization/pH Adjust		
Single	3	<u>3</u>
Multiple	5	_____
Oil/Water Separation		
Gravity Fed	2	_____
Baffled	5	_____



Massachusetts Department of Environmental Protection
Bureau of Water Resources – Surface Water Discharge (NPDES) Permitting Program

BWP IW 16, 18, 26, 27, 35, 36, 37

BRP WM 05, 06, 07

Treatment Facility Rating Worksheet

B. Worksheet (cont.)

Settling

With Manual Sludge Removal 3 _____

With Mechanical Sludge Removal 5 5

Sludge Blending/Thickening 5 _____

Sludge Drying (mechanical dryers) 5 _____

Stripping (Air/Steam) 5 _____

Propose Additional score per 257 CMR 2.00 –

***Describe below**

TOTAL SCORE 24

* Description of proposed additional score items per 257 CMR 2.00:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____